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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 |  |   |                             |   |                                  |                   |            |              | Application or Docket Number |            |                            |                     |                  |
|---|--|---|-----------------------------|---|----------------------------------|-------------------|------------|--------------|------------------------------|------------|----------------------------|---------------------|------------------|
|   |  | , CLAIMS A  | S FILED - PART I (Column 1) |   |                                  | Column 2)         |            | SMALL ENT    | ITY OR                       |            | OTHER THAN SMALL ENTITY    |                     |                  |
| U.S   | . NATIONAL   | STAGE FEES  | 30                          |   |                                  |                   |            | RATE         | FEE                          |            | RATE                       | F                   | EE               |
| BAS   | IC FEE   | SMALL ENT = \$ 150  |                             | LAR                                     | GE ENT. = \$ 300                 | 1                 | BASIC FEE  |              | OR                           | BASIC FEE  | 3                          | $\overline{\omega}$ |                  |
| EXA   | MINATION FE  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                     |                             |   | her situations = 100 / \$ 200    |                   | EXAM. FEE  |              |                              | EXAM. FEE  |                            | <b>60</b>           |                  |
| SEA   | RCH FEE  | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                             |   | other situations = 3250 / \$ 500 |                   | SEARCH FEE |              |                              | SEARCH FEE |                            | (CC)                |                  |
| FEE   | FOR EXTRA S  | minus 100 =   |                             |   | / 50 =                           |                   | X \$ 125 = |              |                              | X \$ 250 = |                            |                     |                  |
| τοτ   | AL CHARGEA   | 305   | ninus 20 =                  | •                                       |                                  |                   | X \$ 25 =  |              | OR                           | X \$ 50 =  |                            |                     |                  |
| IND   | EPENDENT CL  | 1   | minus 3 =                   | •                                       |                                  |                   | X \$ 100 = |              | OR                           | X \$ 200 = |                            |                     |                  |
| MUL   | TIPLE DEPEN  | DENT CLAIM PRI  | ESENT                       | . N                                     |                                  |                   |            | + \$ 180 =   |                              | OR         | + \$ 360 =                 |                     |                  |
| i If  | If the difference in column 1 is less than zero, enter "0" in column 2 |   |                             |   |                                  |                   |            | TOTAL        |                              | OR         | TOTAL                      | 90                  | 0(               |
| Q   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)           |   |                             |   |                                  |                   |            | SMALL ENTITY |                              |            | OTHER THAN<br>SMALL ENTITY |                     |                  |
| NTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               |                             | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY                     | PRESENT<br>EXTRA  |            | RATE         | ADDI-<br>TIONAL<br>FEE       |            | RATE                       | TIO                 | DI-<br>NAL<br>EE |
| AMENDMENT   | Total  | . 20  | Minus                       | -2                                      | 0                                | - (A)             |            | X \$ 25 =    |                              | OR         | X \$ 50 =                  |                     |                  |
| AME   | Independent  | . 1   | Minus                       | (                                       | 3                                | - 0               | ł          | X \$ 100 =   |                              | OR         | X \$ 200 =                 |                     |                  |
| .1. 17/12   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |   |                             |   |                                  |                   |            | + \$ 180 =   |                              | OR         | + \$ 360 =                 |                     |                  |
| 11234   |  |   |                             |   |                                  |                   |            | FFF          |                              | ÖR         | TOTAL ADDIT.<br>FFF        | 4                   | 子                |
| 145   |  | (Column 1)  | ••••                        |   | - •                              |                   |            |              |                              |            |                            |                     |                  |
| 1 B + 1   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               |                             | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY              | PRESENT.<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE       |            | RATE                       | TIO                 | DI-<br>NAL<br>EE |
| AMENDMENT   | Total  | •   | Minus                       | **                                      |                                  | 2                 |            | X \$ 25 =    |                              | OR         | X \$ 50 =                  |                     |                  |
| WEN   | Independent  | •   | Minus                       | ***                                     |                                  | =                 |            | X \$ 100 =   |                              | OR         | X \$ 200 =                 |                     |                  |
| 8.4   | FIRST PRESENTATION OF MULTIPLE DEPENDEN                                |   |                             |   | CLAIM                            |                   |            | + \$ 180 =   |                              | OR         | + \$ 360 =                 |                     |                  |
| ii.   | T T T T T T T T T T T T T T T T T T T                                  |   |                             |   |                                  |                   |            | TOTAL ADDIT. |                              | OR         | TOTAL ADDIT.               |                     |                  |
|   | If the "Highest No   | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa     | id For IN THIS              | SPACE is les                            | s than 7                         | 0°, enter "20°.   |            |              |                              | •          |                            |                     |                  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.